

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
4	/						54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10	/						60				
11		/					61				
12							62				
13	/						63				
14		/					64	/			
15							65				
16	/						66				
17		/					67				
18		/					68				
19	/						69				
20		/					70				
21							71				
22	/						72				
23		/					73				
24		/					74				
25		/					75				
26							76				
27							77				
28							78				
29	/						79				
30							80				
31	/						81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total							Total				
Indep							Indep				
Depend							Depend				
Total							Total				
Claims							Claims				